Robinson, Nehemiah v. T. Catlett, et al.
USDC-Southern District Case No. 08-CV-00161-H (BLM)

EXHIBIT 3

RECEIVED CAL APPEALS SEP 14 200?

C-FILE COPY

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST

CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY:
CAL	A 0701747	18. ADA

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
NEHEMIAH ROBINSON	J-71342	—	—	A-5-109L

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY: "SIGNIFICANT COLLAGEN VASCULAR DISEASE / POST TRAUMATIC DEGENERATIVE ARTHRITIS IN MAJOR JOINTS," AND SUFFER FROM A "RIGHT-KNEE LATERAL MENISCAL TEAR"; AND HAVE BEEN SCHEDULED FOR SURGERY. I HAVE BEEN IN THIS CONDITION FOR YEARS, AND SAID CONDITIONS DEBILITATE AND IMPAIRS MY ABILITY TO FUNCTION NORMAL (AND HAVE A VALGUS DEFORMITY OF THE (R) KNEE).

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY? PLEASE SEE ATTACHED EXHIBITS: RADIOLOGY REPORT DATED 9-25-03; CONSULTATION TREATMENT RECORD DATED 12-22-03; PHYSICIANS ORDER DATED 2-3-05, AND [redacted] 3-22-01; AND COMPREHENSIVE ACCOMMODATION CHRONOS (CDC 7410) DATED 2-14-07 AND 3-27-01.

DESCRIBE THE PROBLEM: I ASSERT THAT I APPEARED BEFORE ICC (COMMITTEE) ON 8-23-07, AND THE CHAIRMAN OF COMMITTEE SPECIFICALLY INSTRUCTED C/O WINDMAN TO GIVE ME BACK MY WALKING CANE, BUT THIS HAVE NOT BEEN DONE. I WAS ONLY ISSUED A CDC 7362 AND WAS ASKED TO FILL IT OUT AND SUBMIT IT TO MEDICAL STAFF. I DID AS REQUESTED, STILL NO RESULTS. NOTE: I AM CURRENTLY IN AD/SEG 4 "ALLEGING" BATTERY ON INMATE W/ WEAPON. YET COMMITTEE WAS AND IS AWARE OF THE "ALLEGATIONS" MADE AGAINST ME. BUT THEY AND THE CHAIRMAN UNDERSTOOD THE NEED AND SERIOUSNESS OF MY CONDITIONS, THATS WHY MY CANE → WAS ALLOWED TO POSSESS.

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED? 1) THAT I BE ISSUED MY OR A WALKING CANE, 2) THAT MY [redacted] COMPREHENSIVE ACCOMMODATION CHRONO DATED 3-27-01 BE RENEWED, AND 3) THAT A COMPREHENSIVE ACCOMMODATION CHRONO BE GENERATED FOR SINGLE-CELL-STATUS DUE TO MY MEDICAL CONDITIONS (AUTHORITY: 1) FARMER V. BRENNAN, 511 U.S. AT 846 n.9; 2) PENNSYLVANIA DEPT. OF CORRECTIONS V. YESKEY, 524 U.S. 206 (1998); 3) AND THE 8TH/14TH AMEND. OF THE U.S. CONSTITUTION; AND 4) SAUNDERS V. HORN, 960 F. SUPP. 893 (E.D. Pa. 1997).

[signature] — INMATE/PAROLEE'S SIGNATURE

9-11-07 — DATE SIGNED

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CAL A0701747

A0701747

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST
CDC 1824 (1/95)

REVIEWER'S ACTION

DATE ASSIGNED TO REVIEWER: SEP 14 2007
DATE DUE: 10/05/07

TYPE OF ADA ISSUE

☐ PROGRAM, SERVICE, OR ACTIVITY ACCESS (Not requiring structural modification)

☒ Auxiliary Aid or Device Requested

☐ Other ______

☐ PHYSICAL ACCESS (requiring structural modification)

DISCUSSION OF FINDINGS: A Review of the Circumstances leading to the removal of the Cane was Completed. The Cane was removed for cause, and processed into evidence. I/m has be rehoused alone, thus eliviating the immediate threat. Arrangements have been made to provide the I/m with a replacement Cane

9-20-07
DATE INMATE/PAROLEE WAS INTERVIEWED

R. Nelson, Jr. Lt.
PERSON WHO CONDUCTED INTERVIEW

DISPOSITION

☒ GRANTED ☐ DENIED ☐ PARTIALLY GRANTED

BASIS OF DECISION: Medical determined that the need for a Cane was ongoing. Therefore, medical has been directed by myself to replace the Cane immediately.

NOTE: *If disposition is based upon information provided by other staff or other resources, specify the resource and the information provided. If the request is granted, specify the process by which the modification or accommodation will be provided, with time frames if appropriate.*

DISPOSITION RENDERED BY: (NAME)	TITLE	INSTITUTION/FACILITY
R. Nelson, Jr.	Lt.	CAL. Ad Seg #2

APPROVAL

ASSOCIATE WARDEN'S SIGNATURE	DATE SIGNED
G. J. JANDA	9/25/07

DATE RETURNED TO INMATE/PAROLEE: SEP 26 2007

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CAL

A0701747

DOCTORS HOSPITAL OF MANTECA
1205 East North Street
Manteca, CA 95336

J71342
DOB: 12/01/1967
Page 1

PT: ROBINSON, NEHEMIAH
MR#: 000239401
PT: 2
ADM: 09/25/2003
ACCT: 7474422
000203390 SONG

DHM
RM:
DIS:
AUTH ID: 0439

cc: CORRECTIONAL FACILITY

RADIOLOGY REPORT

DATE OF SERVICE: 09/25/03.

CLINICAL DATA
Swollen knee in a patient with history of anterior cruciate ligament repair.

MRI OF THE RIGHT KNEE

COMPARISON
None.

TECHNIQUE
Scanner: General Electric 1.0T Signa MR imaging system.
Sequences: Four sequences consisting of T1 weighted and T2 weighted sagittal images, T1 weighted oblique coronal images for anterior cruciate ligament, and T1 weighted fat-suppressed axial and coronal images.

RECEIVED CSP-SAC HEALTH CARE MANAGER -6 OCT 03 12:58

FINDINGS
There has been anterior cruciate ligament reconstruction, with femoral and tibial compression screws in place. The reconstructed ligament demonstrates no evidence of recurrent tear. * Posterior cruciate ligament is intact. The medial meniscus is intact. The ferromagnetic artifacts from the compression screws partially degrade the image quality of the lateral meniscus. Its posterior horn has a foreshortened appearance and a small tear at its inner margin. In addition, there is probable bucket-handle tear of the posterior horn as well. The patellar cartilage surface is normal. Minimal chondromalacia of the medial knee compartment and moderate chondromalacia of the lateral compartment is present with rather poor visualization. There is a stage II osteochondritis desiccans (8 mm) involving the lateral femoral condyle. Collateral ligaments and patellar retinacula are intact. Patellar and quadriceps tendons are normal. Ganglion cyst or abnormal bursal distension is not seen.

IMPRESSION
1. Status post anterior cruciate ligament reconstruction without evidence of tear.

CORRECTIONAL FACILITY

A0701747

RECEIVED CAL APPEALS SEP 14 2007

DOCTORS HOSPITAL OF MANTECA
1205 East North Street
Manteca, CA 95336

J71342
DOB: 12/01/1967
Page 2

PT: ROBINSON, NEHEMIAH
MR#: 000239401 DHM
PT: 2 RM:
ADM: 09/25/2003 DIS:
ACCT: 7474422 AUTH ID: 0439
000203390 SONG

RADIOLOGY REPORT

2. Lateral meniscal tear.
3. Osteoarthritis and stage II osteochondritis desiccans of the lateral femoral condyle and mild bone marrow contusion of the lateral tibial plateau.

CS:m7
D. 09/25/2003 2:48 P
T. 09/25/2003 9:01 P
JOB #:000203390
DOCUMENT # 1142491

CHULL SONG, M.D.

Not Authenticated until electronically signed.

Administratively Authenticated by
FRANK HARTWICK, M.D. 09/26/2003 13:33

CC: CORRECTIONAL FACILITY

Doctors Hospital
Of Manteca
Tenet California

North Street
Box 191
Manteca, CA 95336

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PROGRESS NOTES

AMBULATORY CARE CONSULTATION TREATMENT RECORD

CAL A0701747 CDC J71342

DOCTORS HOSPITAL OF MANTECA
ROBINSON, NEHEMIAH
FARR MOTEZA
034Y M 12/01/69
FC 85 HSV 36
MR:00026207

B1 202L

IMPRINT PATIENT PLATE WITHIN THIS BOX

CHIEF C/O: (R) knee pain

T P R B/P 120/82 Ht 5'10" WT 170

MEDICATIONS: Tramadol, Prozac, Medaphune?

ALLERGIES: NKDA

DATE LAST TETANUS

CONSULTATION/TREATMENT REPORT:

Pt. state had ACL reconstruction on early 2003 & felt better & recently when do exercises the knee swells up.

PE: motion intact (B) lower ext. DTR. Muscle strength 4/5 (B) lower, no laxity or drawer. No edema today.

MRI report: ACL intact, lateral meniscal tear.

Per op report: Lateral meniscus was debrided. At this time recommend cortison injection.

RECOMMENDATIONS / PLAN:

Pt. (refuses) to have cortison injection and states will do stretching & strengthen exercises to ↑ mobility & ↓ edema.

RECEIVED CSP-SAC HEALTH CARE MANAGER 23 DEC 03 09 55

C.I. Hooper, DO
C.I. HOOPER, D.O.
PHYSICIAN & SURGEON
BOARD CERTIFIED
AOBFP

DIAGNOSIS: S/P (R) ACL repair

PROVIDER SIGNATURE

RECEIVED CAL APPEALS SEP 14 2007

RECEIVED CAL APPEALS JUN 27 2005

CAL A 0701 EXHIBIT "C"

CAL B 0601996

NOTE: SEND COPY OF PHYSICIAN'S ORDER FOR MEDICATION TO PHARMACY AFTER EACH ORDER IS SIGNED.

Order Date	Time	Problem #	Physician's Order and Medication (Orders must be dated, timed, and signed.)
	2/2/05		1) Medical Chrono – medically [illegible] × 1 year.
			2) Consult – pain specialty (re) w/d = body pain
			3) CDC: Chem Prof., Sed. rate, arthritis profile [illegible]
			4) Medical chrono – 128C: Mr Robinson has fairly severe arthritis of many major joints and [illegible] of medical necessity to be transferred to a Southern California prison with a warmer climate.
			5) Cane chrono – 1 year.
			6) ANA LYMES TITER BY WESTERN BLOT – NOT ELISA.
			7) XRAY (R) 9th rib (re) ↑ uptake on the bone scan. – R/O CA, trauma, etc.

ALLERGIES: NKDA

INSTITUTION: CSP-SAC

ROOM/WING: B2 114L

8) Consult – rheumatology (re) [illegible] diffuse joint pain.

Confidential client information See W & I Code, Sections 4514 and 5328

CDC NUMBER, NAME (LAST, FIRST, MI)

J71342

ROBINSON, NEHEMIAH

12/01/67

9) F/U visit ↑ [illegible]

PHYSICIAN'S ORDERS

CDC 7221 (2/00)

STATE OF CALIFORNIA

OSP 00 35617

DEPARTMENT OF CORRECTIONS

CAL A0701747

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NOTE: SEND COPY OF PHYSICIAN'S ORDER FOR MEDICATION TO PHARMACY AFTER EACH ORDER IS SIGNED.

Order Date	Time	Problem #	Physician's Order and Medication (Orders must be dated, timed, and signed.)
	3/19/01		1) Robaxin 25 p.o. BID x 30 days.
			2) F/U w/ medical [illegible]
CTP			3) lay-in x 1 week. given
F/U			[signature]
Noted 3-19-01 [illegible] 1400			
	3/22/01		1) Chrono for double mattress due to medical condition (significant collagen-vascular disease)
Chrono			~~Elbow~~ x 1 year
			Chrono for 2 soft pillows from outside for medical condition as allowed by custody. x 1 year.
Supply			2) (L) knee brace. Medi Co.
CTP			3) ↑ Robaxin to 50 mg p.o. TID (x 30 days). [signature]
Noted 3/22/01 [illegible] 1020			

ALLERGIES:

INSTITUTION SAC

ROOM/WING C 1

CDC NUMBER, NAME (LAST, FIRST, MI)

Robinson

J 71342

Confidential client information See W & I Code, Sections 4514 and 5328

PHYSICIAN'S ORDERS

RECEIVED CAL APPEALS SEP 14 2007

STATE OF CALIFORNIA — DEPARTMENT OF CORRECTIONS

CAL A07 01747

COMPREHENSIVE ACCOMMODATION CHRONO

INSTRUCTIONS: A physician shall complete this form if an inmate requires an accommodation due to a medical condition. Circle P if the accommodation is to be permanent, or T if the accommodation is to be temporary. If the accommodation is temporary, write the date the accommodation expires on the line. A new form shall be generated when a change to an accommodation is required or upon renewal of a temporary accommodation. Any new form generated shall include previous accommodations, if they still apply. Chronos indicating permanent accommodations shall be reviewed annually. This form shall be honored as a permanent chrono at all institutions.

A. HOUSING

None		Bottom Bunk	P / T ____
Barrier Free/Wheelchair Access	P / T ____	Single Cell (See 128-C date: ____)	P / T ____
Ground Floor Cell	P / T ____	Permanent OHU / CTC (circle one)	P / T ____
Continuous Powered Generator	P / T ____	Other ____	P / T ____

B. MEDICAL EQUIPMENT/SUPPLIES

None		Wheelchair: (type) ____	P / T ____
Limb Prosthesis	P / T ____	Contact Lens(es) & Supplies	P / T ____
Brace	P / T ____	Hearing Aid	P / T ____
Crutches	P / T ____	Special Garment: (specify) ____	P / T ____
Cane: (type) ____	P / T ____	Rx. Glasses: ____	P / T ____
Walker	P / T ____	Cotton Bedding	P / T ____
Dressing/Catheter/Colostomy Supplies	P / T ____	Extra Mattress	P / T ____
Shoe: (specify) tennis shoes (I/we purchase)	P / (T) 3/22/07	Other ____	P / T ____
Dialysis Peritoneal	P / T ____		

C. OTHER

None		Therapeutic Diet: (specify) ____	P / T ____
Attendant to assist with meal access and other movement inside the institution.	P / T ____	Communication Assistance	P / T ____
Attendant will not feed or lift the inmate/patient or perform elements of personal hygiene.		Transport Vehicle with Lift	P / T ____
		Short Beard	P / T ____
Wheelchair Accessible Table	P / T ____	Other Waist restraints cuffs	P / (T) 3/22/07

D. PHYSICAL LIMITATIONS TO JOB ASSIGNMENTS

Based on the above, are there any physical limitations to job assignments? ☐ Yes ☐ No

If yes, specify: ____

INSTITUTION: HEALTH RECORD (Calipatria)	COMPLETED BY (PRINT NAME): [illegible]	TITLE: MD
SIGNATURE: [signature]	DATE: 3/22/06	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH: Robinson, N J 71342
HCM/CMO SIGNATURE: [signature] CMO	DATE: 3/27/06	
(CIRCLE ONE) (APPROVED) / DENIED	cc: REK Housing Officer	B1-133

COMPREHENSIVE ACCOMMODATION CHRONO

RECEIVED CAL APPEALS SEP 14 2007

CAL A 07017747

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

COMPREHENSIVE ACCOMMODATION CHRONO

INSTRUCTIONS: A physician shall complete this form if an inmate requires an accommodation due to a medical condition. Circle P if the accommodation is to be permanent, or T if the accommodation is to be temporary. If the accommodation is temporary, write the date the accommodation expires on the line. A new form shall be generated when a change to an accommodation is required or upon renewal of a temporary accommodation. Any new form generated shall include previous accommodations, if they still apply. Chronos indicating permanent accommodations shall be reviewed annually. This form shall be honored as a permanent chrono at all institutions.

A. HOUSING

None

1. Barrier Free/Wheelchair Access P / T ______
2. Ground Floor Cell P / (T) 2/5/08
3. Continuous Powered Generator P / T ______
4. Bottom Bunk P / (T) 2/5/08
5. Single Cell (See 128-C date: ______) P / T ______
6. Permanent OHU / CTC (circle one) P / T ______
7. Other ______ P / T ______

B. MEDICAL EQUIPMENT/SUPPLIES

None

8. Limb Prosthesis P / T ______
9. Brace Neoprene knee brace P / (T) 2/5/08
10. Crutches P / T ______
11. Cane: (type) straight P / (T) 2/5/08
12. Walker P / T ______
13. Dressing/Catheter/Colostomy Supplies P / T ______
14. Shoe: (specify) ______ P / T ______
15. Dialysis Peritoneal P / T ______
16. Wheelchair: (type) ______ P / T ______
17. Contact Lens(es) & Supplies P / T ______
18. Hearing Aid P / T ______
19. Special Garment: (specify) ______ P / T ______
20. Rx. Glasses: ______ P / T ______
21. Cotton Bedding P / T ______
22. Extra Mattress P / T ______
23. Other ______ P / T ______

C. OTHER

None

24. Attendant to assist with meal access and other movement inside the institution. P / T ______

Attendant will not feed or lift the inmate/patient or perform elements of personal hygiene.

25. Wheelchair Accessible Table P / T ______
26. Therapeutic Diet: (specify) ______ P / T ______
27. Communication Assistance P / T ______
28. Transport Vehicle with Lift P / T ______
29. Short Beard P / T ______
30. Other ______ P / T ______

D. PHYSICAL LIMITATIONS TO JOB ASSIGNMENTS

Based on the above, are there any physical limitations to job assignments? ☒ Yes ☐ No

If yes, specify: light duty, no push no pulling & no lifting

INSTITUTION California	COMPLETED BY (PRINT NAME) Sun Ko Ott	TITLE MD
SIGNATURE [signature]	DATE 2/5/08	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
HCM/CMO SIGNATURE [signature]	DATE 2/14/08	Robinson Nehemiah J71342 B2-107 DOB 12-01-67
APPROVED (list the number of items approved) x4	Housing Assignment Certified	
DENIED (list the number of items denied)		

COPY

COMPREHENSIVE ACCOMMODATION CHRONO